



**Small Business Owners Association of Northern Kentucky, Inc.**

P.O. Box 876 ♦ Burlington, KY 41005

phone: 859-586-6101 ♦ fax: 859-586-6107 ♦ www.sboanky.org

## 2011 Small Business Owners Fact Sheet

Please provide the following information so that we may send you future communication about the Small Business Owners Association of Northern Kentucky.

Today's Date \_\_\_\_\_

Business Name \_\_\_\_\_

Your Name \_\_\_\_\_ Title \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Web Site \_\_\_\_\_

Gender (circle one): M F Race (circle one): White Asian Black Hispanic Native American Other

*Information on race and gender are gathered only for aggregate statistical reporting purposes because of Cooperative Extension Services commitment to serve all people. Disclosure of this information is voluntary.*

**Brief Description of Business** (25 words or less) (note, this is what will appear on the SBOA web site for your business description):

\_\_\_\_\_

\_\_\_\_\_ I give permission to publicize my business name and business contact information  
\_\_\_\_\_ I do not give permission to publicize my business name and business contact information

How did you hear about the Small Business Owners Association of Northern Kentucky (provide name of person if appropriate)? \_\_\_\_\_

I would be classified as a (see back page for description): \_\_\_\_\_ full member \_\_\_\_\_ supporting member

\_\_\_\_\_ I'm joining for the first time  
\_\_\_\_\_ I was a member in 2010  
When was the first year you joined? \_\_\_\_\_

Please contact me about being a member of:  
\_\_\_\_\_ Membership Committee  
\_\_\_\_\_ Program and Events Committee  
\_\_\_\_\_ Education Committee  
\_\_\_\_\_ Publicity Committee

**Return completed form to address above.**

**If you wish to join the organization:**

**The membership year runs from January – December.**

**Fees are \$45.00 if paid by 1/13/11; \$50.00 if paid between 1/14/11 and 6/30/11; \$30.00 if paid on or after 7/1/11.**

**Mission Statement:** *The mission of the Small Business Owners Association of Northern Kentucky is to provide a comfortable environment for the advancement of small, micro, and home-based businesses by offering educational opportunities in sound business principles and ethical practices, and by building trusting relationships among its diverse members, their supporters and the Northern Kentucky community.*

## **SBOA BY-LAWS (excerpt)**

### **2.2 Classification of Membership**

Classifications of membership shall include, Full Member (voting) and Supporting Member (non-voting) as follows:

#### *A. Full Member:*

- (1) Individuals are eligible for full member status if all of the following criteria are met:
  - a. Company must have 25 full-time equivalents or fewer
  - b. Company must be revenue producing, and independently operated
  - c. Person must be the owner, designated agent or designated representative of the small business
  - d. Person must pay full membership dues
- (2) No company shall have more than one full member.
- (3) Each full member shall be entitled to one individual vote.
- (4) Each full member may hold elected office, serve as a committee chairperson, and serve on a committee.

#### *B. Supporting Member:*

Salaried or hourly employees of a business or organization with direct interest in the development or success of small, home-based or micro businesses in the Northern Kentucky area that pay Supporting Member fees are eligible for membership. Any company with more than 25 full-time equivalent employees, irrespective of ownership, will be considered supporting members. Supporting Members are entitled to no vote in the organization. Supporting Members may not hold elected office or serve as chairperson of a committee. Supporting Members may serve on a committee.